

Exhibit 3

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	<input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report </div> <div> <input type="checkbox"/> the final return/report </div> </div>
	<input checked="" type="checkbox"/> an amended return/report <div style="margin-left: 100px;"><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558 </div> <div> <input type="checkbox"/> automatic extension </div> <div> <input type="checkbox"/> the DFVC program </div> </div>
	<input type="checkbox"/> special extension (enter description) _____

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan <u>RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>10/01/2012</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RVNB HOLDINGS, INC.</u> <u>6505 WEST PARK BLVD.</u> <u>SUITE 306, PMB 178</u> <u>PLANO, TX 75093</u>	2b	Employer Identification Number (EIN) <u>45-5386385</u>
		2c	Plan Sponsor's telephone number <u>469-461-5000</u>
		2d	Business code (see instructions) <u>484110</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/21/2019	VASILIA PETERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN
		4d PN
5 Total number of participants at the beginning of the plan year		5 1436
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		
		6a(1) 1436
		6a(2) 0
		6b 1175
		6c 0
		6d 1175
		6e 0
		6f 1175
		6g 0
6h 0		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2I 2P 2Q		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> <u>0</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2017 <hr/> This Form is Open to Public Inspection.
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ► <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RVNB HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>45-5386385</u>	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UBS FINANCIAL SERVICES, INC.

1501 K STREET NW
SUITE 1100
WASHINGTON, DC 20005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	ASSET MANAGEMENT	10591	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RVNB HOLDINGS, INC.</u>		D Employer Identification Number (EIN) <u>45-5386385</u>

Part I	Asset and Liability Statement	
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 0	1460892
(2) U.S. Government securities.....	1c(2) 0	1303434
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other.....	1c(3)(B) 0	4281467
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	51480000	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	51480000	7045793

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i	80283788	0
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	80283788	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	-28803788	7045793
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	47421	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		47421
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	42538005	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		42538005
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		19895
d Total income. Add all income amounts in column (b) and enter total.....	2d		42605321

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4974102	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4974102
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		1781638
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6755740

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		35849581
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WHITLEY PENN LLP

(2) EIN: 75-2393478

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RVNB HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>45-5386385</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) b Enter the amount contributed by the employer to the plan for this plan year c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6a		
	6b		
	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2017
v. 170203

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**RVNB HOLDINGS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

**As of December 31, 2017 (in Liquidation)
and 2016 (Ongoing) and for the
Year Ended December 31, 2017 (in Liquidation)
with Report of Independent Auditors**

**RVNB HOLDINGS, INC.
EMPLOYEE STOCK OWNERSHIP PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

**As of December 31, 2017 (in Liquidation)
and 2016 (Ongoing) and for the
Year Ended December 31, 2017 (in Liquidation)**

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Dallas Office
8343 Douglas Avenue
Suite 400
Dallas, Texas 75225
214.393.9300 Main

whitleypenn.com

REPORT OF INDEPENDENT AUDITORS

To the Employee Stock Ownership Plan Committee of the
RVNB Holdings, Inc. Employee Stock Ownership Plan

We have audited the accompanying financial statements of the RVNB Holdings, Inc. Employee Stock Ownership Plan (the “Plan”), which comprise the statements of net assets available for benefits as of December 31, 2017 (in liquidation) and 2016 (ongoing) and the related statement of changes in net assets available for benefits for the year ended December 31, 2017 (in liquidation), and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets (deficit) available for benefits of the RVNB Holdings, Inc. Employee Stock Ownership Plan as of December 31, 2017 (in liquidation) and 2016 (ongoing), and the changes in its net assets (deficit) available for benefits for the year ended December 31, 2017 (in liquidation) in accordance with accounting principles generally accepted in the United States of America.

Basis of Accounting

As discussed in Notes A and B, RVNB Holdings, Inc. approved a plan of liquidation on June 29, 2017, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting used for the 2017 financial statements. Our opinion is not modified with respect to this matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Whitley Penn LLP". The signature is written in a cursive, flowing style.

Dallas, Texas
January 18, 2019

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENTS OF NET ASSETS (DEFICIT) AVAILABLE FOR BENEFITS

	December 31, 2017 (In Liquidation)			December 31, 2016 (Ongoing)		
	Allocated	Unallocated	Total	Allocated	Unallocated	Total
Assets						
Investments, at fair value:						
Interest bearing cash	\$ -	\$ -	\$ 1,460,892	\$ -	\$ -	\$ -
Fixed income corporate bonds	-	-	4,281,467	-	-	-
Fixed income asset back securities	-	-	1,303,434	-	-	-
RVNB Holdings, Inc. common stock	-	-	-	5,148,000	46,332,000	51,480,000
Total assets	-	-	7,045,793	5,148,000	46,332,000	51,480,000
Liabilities						
Loan payable	-	-	-	-	80,283,788	80,283,788
Total liabilities	-	-	-	-	80,283,788	80,283,788
Net assets (deficit) available for benefits	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,045,793</u>	<u>\$ 5,148,000</u>	<u>\$ (33,951,788)</u>	<u>\$ (28,803,788)</u>

See accompanying notes to financial statements.

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2017
(In Liquidation)

	<u>Total</u>
Additions to Net Assets	
Realized gain on RVNB Holdings, Inc. common stock	\$ 42,538,005
Employer contributions	47,421
Other income	<u>19,895</u>
Total additions to net assets	42,605,321
Reductions from Net Assets	
Interest expense	1,781,638
Benefit payments	<u>4,974,102</u>
Total reductions from net assets	6,755,740
Change in net assets available for benefits	35,849,581
Net assets available for benefits at beginning of year	<u>(28,803,788)</u>
Net assets available for benefits at end of year	<u><u>\$ 7,045,793</u></u>

See accompanying notes to financial statements.

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2017 and 2016

A. Plan Description

The following brief description of the RVNB Holding, Inc. Employee Stock Ownership Plan (the “Plan” or “ESOP”) is provided for general information purposes only. Participants should refer to the Plan document for complete information.

RVNB Holdings, Inc. (the “Plan Sponsor”) contained herein operates under the trade name All My Sons Moving & Storage (the “Company”). The Company provides moving and storage services with facilities throughout the United States.

Effective December 17, 2012, the Company was formed to purchase 100% of the stockholders’ ownership interest in various All My Sons Moving & Storage locations throughout the United States in conjunction with establishing the ESOP.

Effective October 1, 2012, RVNB Holdings, Inc. Stock Ownership Trust (the “Trust”), an Employee Stock Ownership Plan (“ESOP”), was formed to facilitate the purchase of common stock of the Company. The ESOP acquired 100% of the Company’s common stock of 520,000 shares for an \$85,000,000 note payable. When the Plan makes each payment of principal and interest, an appropriate percentage of stock was allocated to eligible employees’ accounts in accordance with applicable regulations under the Internal Revenue Code (the “Code”).

Effective June 29, 2017 RVNB Holdings, Inc. resolved to terminate the ESOP and the Company stock owned by the ESOP was redeemed by the Company on August 7, 2017, in exchange for cash, cancellation of the ESOP note and a contingent gross up payment in the event of the sale of the Company’s business. As a result of the ESOP’s termination, there were no additional contributions or stock allocations made for the 2017 plan year (year ended December 31, 2017). As of August 11, 2017, the terms of the sale of the Company’s business were agreed to with conditions on September 29, 2017. On September 29, 2017, those conditions were either satisfied or modified resulting in the gross up payment being earned and paid. Participants of the ESOP were able to elect to receive 50% of their vested account balance as an early distribution during a limited distribution window until the Internal Revenue Service (“IRS”) completes its review and approves the tax-qualified status of the ESOP’s termination through a determination letter. Upon approval by the IRS, participants can elect to receive the remaining cash balance of their vested account. Effective June 5, 2017, Neil M. Brozen was appointed to serve as a Trustee under the ESOP throughout the termination and windup of the ESOP. The Company estimated final liquidation to occur 12 to 18 months after the termination of the ESOP on June 29, 2017, however, final liquidation has not occurred as of the date of issuance.

Accounts and Allocations

The Plan’s only investment is interest bearing cash and fixed income investments as of December 31, 2017. During 2016, the Plan’s only investment was the common stock of the Company (“Employer Stock”).

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

A. Plan Description – continued

Accounts and Allocations – continued

Allocated net assets consist of unencumbered accounts that have been allocated to the participants based on their share of Employer contributions. Unallocated net assets were shares of the Company's common stock that are pledged as collateral to secure the notes payable. As principal payments are made on the notes, a pro rata amount of encumbered shares of common stock (unallocated shares of common stock) are released and allocated to participants.

The Plan allocates Employer contributions to participants' accounts based on the percentage of each participant's compensation to the total compensation of all participants. Shares purchased or released from encumbered shares of common stock during a Plan year are reallocated based on the employer contribution allocation. Unrealized gains and losses are allocated based on shares in a participant's account. During 2017, no shares were allocated to participants and during 2016 there were 13,000 shares allocated to participants.

As participants take distributions from the Plan, the stock is purchased back by the Plan. At the discretion of management, these shares can be reallocated to participants or held for future uses.

Participant Eligibility

Employees of the Company are eligible to participate in the Plan when they have completed six months of service. Six months of service is a six consecutive month period in which an employee has at least 500 hours of service. Employees may enter the Plan on January 1 or July 1 coinciding with, or immediately following, the date they have met the eligibility requirements.

Vesting

Participants vest 100% after completing 3 years of service with the Company. Employees who reach age 65 while employed or who terminate as a result of disability or death are automatically vested 100%. As of June 29, 2017, all participants were 100% vested in their account balances.

Distributions

Distributions from the Plan are made when a participant terminates employment. When a participant terminates employment the participant receives their vested balance under one of the following methods:

- a. By payment in a lump sum; or
- b. By payment in a series of substantially equal annual or more frequent installments over a period not to exceed five years (unless the participant elects to receive his or her benefits over a longer period of time).

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

A. Plan Description – continued

Distributions – continued

The intent of the Plan is to distribute the vested portion of a terminated employee's account shortly after employment is terminated. However, the right is reserved under the Plan to make a distribution commencing one year after the end of the second Plan year following the Plan year in which the employee was terminated. These distributions can be accelerated to be paid out one year after the end of the Plan year in which retirement, disability, or death occur.

As of June 29, 2017, participants were offered an opportunity to elect to receive a distribution of up to 50% of their vested account balance, valued as of the December 31, 2016, valuation date.

Upon final approval from the IRS, participants may elect to receive the remaining cash value of their vested account balance.

Put Option

Under federal income tax regulations, the employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations must include a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the fair market value of the stock. The Company can pay for the purchase with interest over a period of five years. The purpose of the put option is to ensure that the participant has the ability to ultimately obtain cash.

Forfeitures

Forfeited shares of terminated participants' non-vested accounts are either reallocated to all active participants or used to reinstate rehired employees account balance. For the years ended December 31, 2017 and 2016, forfeited shares were 0 and 3,311, respectively.

Termination of Plan

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The Plan was terminated effective June 29, 2017. In compliance with Plan documents, all participants became 100% vested on this date.

B. Summary of Significant Accounting Policies

Basis of Accounting

As discussed in Note A, on June 29, 2017, RVNB Holdings, Inc. adopted a resolution to terminate the Plan, subject to the provisions set forth in ERISA and believes liquidation will occur immediately following the approval from the IRS. As a result, the Plan has changed its basis of accounting to the liquidation basis used in presenting the 2017 financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP").

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

B. Summary of Significant Accounting Policies – continued

Basis of Accounting – continued

As of the date of these financial statements, the Plan has not yet liquidated, as the Plan sponsor is winding down the final administrative aspects of the Plan and final administrative expenses are being paid to various services providers. Additionally, the Plan's remaining assets are expected to be distributed with final liquidation estimated to be completed by January 2019, pending receipt of the approval by the IRS. The Company estimates approximately \$40,000 of liquidation costs to be incurred through 2018.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and reductions from net assets (deficit) available for benefits during the reporting period. The significant item subject to such estimation is the fair value of the Plan Sponsor's common stock. Actual results could differ from those estimates.

Investments

The investments of the Plan are stated at fair value during 2016 as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note E for information related to the Plan's valuation methodologies.

Realized gains relate to the sale of shares in excess of the cost basis and unrealized gains relate to increases or decreases in the market value of securities held at year end. Interest income is recorded on the accrual basis, if any.

Payment of Benefits

Benefits are recorded when paid.

Concentration of Risk

The Plan previously maintained investments in the Company's stock until the Plan was terminated on September 29, 2017, when the Company invested in interest-bearing cash and fixed income investments. These investments are exposed to various risks such as market and credit risks. Due to the level of risk associated, it is at least reasonably possible that changes in the values will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the financial statements.

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**NOTES TO FINANCIAL STATEMENTS (continued)****B. Summary of Significant Accounting Policies – continued****New Accounting Pronouncements**

During 2017, the Plan adopted Accounting Standards Update No. 2013-07, *Presentation of Financial Statements—Liquidation Basis of Accounting*, which provides clarifying guidance for the liquidation basis of accounting. The adoption did not have a material effect on the financial statements, other than primarily adding additional disclosures regarding the Plan’s termination and related liquidation of Plan assets, for the year ended December 31, 2017.

C. Cash and Cash Equivalents

All highly-liquid investments with a maturity of three months or less when purchased are treated as cash equivalents. At December 31, 2017, the Plan held such investments in one financial institution, which at times exceeded amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation (“FDIC”). The Plan has not experienced any losses related to amounts in excess of FDIC limits. All future distributions from the ESOP will be paid from the remaining cash balance based on the participants vested account balance.

D. Investments

All employee shares were sold during 2017 and transferred into interest bearing cash accounts and fixed income corporate bonds and asset backed securities as of December 31, 2017. The Plan’s investments as of December 31, 2016, are as follows:

	2016	
	Allocated	Unallocated
Employer stock:		
Number of shares	52,000	468,000
Cost	\$ 8,500,000	\$76,500,000
Fair value	\$ 5,148,000	\$46,332,000

E. Fair Value Measurements

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used.

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)**E. Fair Value Measurements – continued**

The three levels defined in GAAP are as follows:

- Level 1 — Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities as of the reporting date.
- Level 2 — Observable market based on inputs or unobservable inputs that are corroborated by market data.
- Level 3 — Pricing inputs include significant inputs that are generally less observable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value; thus, the instrument is categorized in Level 3.

During 2016 and through September 29, 2017, the Plan used a market approach for the fair value measurements and endeavors to use the best information available. Accordingly, valuation techniques that maximize the use of observable inputs are favored. Subsequent to September 29, 2017, the methodologies used to measure the fair value of the Plan's investments are as follows:

- *Common Shares:* Fair value is determined through annual independent appraisals and internal analysis by management, which resulted in a fair value of \$99.00 per share as of December 31, 2016 after consideration of a discount for lack of marketability. The shares of the Company were sold as of September 29, 2017, and were valued at fair value determined during 2016. As a result of the business sale agreement that closed on September 29, 2017, the share value increased to \$230.77 per share.
- *Interest-bearing cash:* The Plan invests in money market funds that are valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.
- *Fixed income investments - corporate bonds and notes and asset back securities:* Fair values are obtained primarily from pricing services engaged by the Trustee, and the Plan receives one price for each security. The fair values provided by the pricing service are estimated by using either a price or spread basis, where the inputs to those models are based on observable market inputs. For the price basis, evaluators attempt to match each issue to its best-known market maker and contact firms that deal with the respective securities. Evaluators maintain quality by surveying the dealer community, obtaining relevant trade data, benchmark quotes, and spreads, and incorporating this information into the evaluation process. For the spread basis, a bullet (noncall) spread scale is created for the relevant maturities of each issuer. These spreads represent credit risk and are based on the new issue market, secondary trading, and dealer quotes. U.S. Government securities and corporate debt instruments are classified within Level 2 of the valuation hierarchy.

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**NOTES TO FINANCIAL STATEMENTS (continued)****E. Fair Value Measurements – continued**

The following table presents the fair value hierarchy table for investments measured at fair value, on a recurring annual basis, as set forth in GAAP:

	Carrying Value as of December 31, 2017 (Level 1)	Carrying Value as of December 31, 2017 (Level 2)	Total Carrying Value as of December 31, 2017
Interest bearing cash	\$ 1,460,892	\$ -	\$ 1,460,892
Fixed income investments	-	5,584,901	5,584,901
Total investments at fair value	<u>\$ 1,460,892</u>	<u>\$ 5,584,901</u>	<u>\$ 7,045,793</u>

	Total Carrying Value as of December 31, 2016	Unobservable Inputs (Level 3)
Common stock	<u>\$51,480,000</u>	<u>\$51,480,000</u>
Total investments at fair value	<u><u>\$51,480,000</u></u>	<u><u>\$51,480,000</u></u>

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2017 and 2016, respectively:

	2017	2016
Balance, beginning of year	\$51,480,000	\$33,384,000
Unrealized gain on RVNB Holdings, Inc. common stock	-	18,096,000
Realized gain on RVNB Holdings, Inc. common stock	42,605,321	-
Proceeds from sale	(94,085,321)	-
Balance, end of year	<u><u>\$ -</u></u>	<u><u>\$51,480,000</u></u>

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN**NOTES TO FINANCIAL STATEMENTS (continued)****F. Loan Payable**

As of December 31, 2017 the loan payable all outstanding principal and interest was repaid. The loan payable consisted of the following at December 31, 2016:

Note payable to RVNB Holdings, Inc. with an interest rate of 2.5%. The interest and principal are payable annually and matures December 2052. The debt is collateralized by all shares of RVNB Holdings, Inc.	\$80,283,788
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G. Tax Status

The Plan has received a determination letter from the IRS dated October 16, 2014, stating that the Plan is qualified under Section 401 of the Internal Revenue Code, and, therefore, the related trust was tax exempt as of the financial statement dates. The Plan has been amended effective January 1, 2016, in order to further clarify the Plan entry date, period of service and vesting period. Effective June 29, 2017, the ESOP was terminated and the Plan is in the process of liquidating. The Company filed an application for a favorable determination letter regarding approval of the termination from the IRS during December 2017, but has not received a letter to date.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

H. Administration of Plan Assets

The Plan's assets, which consisted of Company common stock as if December 31, 2016 and interest-bearing cash and fixed income investments as of December 31, 2017, are held by the trustee of the Plan in a trust. The trustee manages the Plan's assets and operations. The Plan uses a third-party administrator to determine the allocation of Plan assets to participants. The majority of the expenses of the Plan, including the fees for the third-party administrator, are paid by the Company. Effective June 5, 2017, Neil M. Brozen was appointed to serve as trustee under the ESOP throughout the termination and windup of the ESOP.

I. Employer Contributions

Employer contributions to the Plan are determined by the board of directors of the Company, but shall not be less than the amount required to enable the trust to discharge current obligations, nor more than the participants' maximum permissible amounts, as defined in the Plan agreement. Contributions to the Plan for the years ended December 31, 2017 and 2016, were \$47,421 and \$3,677,303, respectively.

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

NOTES TO FINANCIAL STATEMENTS (*continued*)

I. Employer Contributions – continued

At December 31, 2016, there were 52,000 shares of common stock (with a fair value \$5,148,000) allocated to participants of the Plan, respectively. As of December 31, 2016, there were 468,000 unallocated shares, respectively.

J. Party-In-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invested in common shares of the Company's common stock until September 29, 2017 which qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. As of September 29, 2017, the Company terminated the ESOP and invested in interest-bearing cash and fixed income investments, which do not qualify as party-in-interest transactions. As of September 29, 2017, the Plan repaid the entire outstanding balance on the loan payable to RVNB Holdings, Inc., which qualified as a party-in-interest transaction, which is exempt from the prohibited transaction rules.

K. Subsequent Events

In preparing the financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through January 18, 2019, the date the financial statements were available for issuance.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2017 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for: <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a single-employer plan B This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> an amended return/report C If the plan is a collectively-bargained plan, check here. D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) <input type="checkbox"/> the DFVC program

Part II Basic Plan Information—enter all requested information	
1a Name of plan RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RVNB HOLDINGS, INC. 6505 WEST PARK BLVD. SUITE 306, PMB 178 PLANO TX 75093	1b Three-digit plan number (PN) <u>001</u> 1c Effective date of plan <u>10/01/2012</u> 2b Employer Identification Number (EIN) <u>45-5386385</u> 2c Plan Sponsor's telephone number <u>469-461-5000</u> 2d Business code (see instructions) <u>484110</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE	<u>RVNB Holdings LLC</u>	Date	<u>1/7/2019</u>
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	
	Signature of DFE		Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN
		4d PN
5 Total number of participants at the beginning of the plan year		5 1,436
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 1,436 6a(2) 0 6b 1,175 6c 0 6d 1,175 6e 0 6f 1,175 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2I 2P 2Q		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

RVNB HOLDINGS, INC. EMPLOYEE STOCK OWNERSHIP PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2017

EIN: 45-5386385

Plan #: 001

(a)	(b) Identity of issuer	(c) Description of investment	(d) Shares	(e) Adjusted Cost	(f) Current Value
	Interest-bearing Cash				
	UBS Financial Services	Interest-bearing cash		1,460,892	\$ 1,460,892
	Total Interest-bearing Cash				<u>\$ 1,460,892</u>
	Fixed Income Corporate Bonds				
	AT&T	AT&T Inc. NTS, 1.750%, matures 1/15/2018	250,000	250,190	\$ 251,923
	American International Group	1/16/2018	250,000	252,278	256,934
	Keybank	Keybank Natl NTS, 1.650%, matures 2/1/2018	250,000	250,075	251,631
	BP Capital Markets	BP Capital Markets PLC, 1.674%, matures 2/13/2018	250,000	250,175	251,519
	PNC Bank	PNC Bank NTS, 1.500%, matures 2/23/2018	250,000	250,028	251,235
	General Motors	General Motors, Finl Co., 2.400%, matures 4/10/2018	200,000	200,690	201,301
	Morgan Stanley	Morgan Stanley NTS, 2.125%, matures 4/25/2018	250,000	250,648	251,074
	Citigroup	Citigroup Inc. NTS, 1.700%, matures 4/27/2018	250,000	250,085	250,484
	Virginia Electric & Power Co.	Virginia Electric & Power Co., 5.400%, matures 4/30/2018	100,000	101,925	102,016
	Bank of American	BAFC NTS, 5.650%, matures 5/1/2018	150,000	153,237	153,155
	AbbVie Inc.	ABBVIE Inc., 1.800%, matures 5/14/2018	250,000	250,400	250,440
	JPMorgan Chase & Co.	JPMorgan Chase & Co., 1.625%, matures 5/15/2018	250,000	250,041	250,334
	Duke Energy Corp	Duke Energy Corp NTS, 2.100%, matures 6/15/2018	138,000	138,391	138,151
	B.A.T. International Finance	B A T Intl Fin 144A, 1.850%, matures 6/15/2018	144,000	144,069	143,981
	Bank of Montreal	Bank of Montreal, variable rate, matures 7/30/2018	270,000	271,150	270,732
	Fifth Thirds Bank	Fifth Thirds Bank, 2.150%, matures 8/20/2018	250,000	251,050	252,219
	Goldman Sachs Group, Inc.	Goldman Sachs Group Inc., variable rate, matures 11/15/2018	250,000	252,340	251,548
	Ford Motor Credit Co.	Ford Motor Credit Co LLC, variable rate, matures 3/12/2019	250,000	251,360	251,260
	Amgen Inc.	Amgen Inc. NTS, 2.045%, matures 5/22/2019	250,000	251,953	251,530
	Total Fixed Income Corporate Bonds				<u>\$ 4,281,467</u>
	Fixed Income Asset Backed Securities				
	BMW USA	BMW Vehicle Lease Trust, 1.640%, matures 7/22/2019	300,000	258,897	\$ 258,675
	GM Financial	GM Financial Auto Leasing Trust, 1.620%, matures 9/20/2019	300,000	299,859	299,698
	Ford Credit	Ford Credit Auto Owner Trust, 1.330%, matures 12/15/2019	326,000	221,090	220,984
	Nissan USA	Nissan Auto Receivables Owner, 1.340%, matures 3/16/2020	370,000	237,199	236,985
	CNH Industrial	CNH Equipment Trust, 1.640%, matures 7/15/2020	300,000	287,462	287,093
	Total Fixed Income Asset Back Securities				<u>\$ 1,303,434</u>
					<u>\$ 7,045,793</u>